NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Hemophilia Services

Special Child Health and Early Intervention Services

STATUTORY AUTHORITY:

TYPE OF AWARDS TO BE ISSUED:

GRANT PROGRAM NO. 06-62-SCH

N.J.S.A. 26:2-90 Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To provide partial support to currently funded regional hemophilia treatment services for patients residing in New Jersey and to provide partial support for the purchase of insurance policies for individuals with hemophilia on home care/infusion treatment.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Funds available for this program are contingent upon State Appropriations. It is expected that four health services grants and one insurance grant will be supported. Approximately \$1 million is awarded annually. The grant period is from July 1, 2005 to June 30, 2006.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

- 1. Terms and Conditions for the Administration of Grants.
- 2. General and specific Grant Compliance requirements issued by the Granting Agency.
- 3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

A portion of these funds are granted to the Hemophilia Association of NJ as a sole source grant for the purchase of insurance policies. New Jersey medical schools and public and private non-profit hospitals with experience in caring for those with hemophilia in New Jersey may apply for the direct services funds. Priority will be given to continuation applications from regional treatment programs.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Applicant must meet "Approval Criteria Guidelines for Hemophilia Services" which are available on request from the address listed below. Preference will be given for continuation to existing grantees with satisfactory performance.

APPLICATION PROCEDURES:

An application for continuation of these existing Health Services Grants is available on the web at www.state.nj.us/health/grants.

FOR INFORMATION CONTACT:

Mary Mickles

Special Child Health and Early Intervention Services TELEPHONE: (609) 292-1582

P.O. Box 364 FAX: (609) 943-5752

Trenton, NJ 08625-0364 E-MAIL: Mary.Mickles@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Applications must be received by April 19, 2005 for funding to begin July 1, 2005.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Notice of recommendation of award will be made on or about May 24, 2005.